ORIGINAL
STATE COPY

STATE OF ARIZONA
DEPARTMENT OF HEALTH—DIVISION OF HEALTH RECORDS AND STATISTICS
CERTIFICATE OF DEATH

DEATH NO. D102- 72-000780

IDENTIFICATION OF DECEASED AND PLACE OF DEATH

RESIDENCE OF DECEASED AND NAME OF PARENTS

INFORMANT

NAME OF DECEASED A. FIRST	B. MIDDLE	C. LAST	SEX	RACE OR COLOR	DATE OF DEATH MONTH DAY YEAR
1. CARL	TRUMBULL	HAYDEN	2. MALE	3. CAU.	4. JANUARY 25, 1972

PLACE OF DEATH A. COUNTY	B. TOWN OR CITY	C. HOSPITAL OR INSTITUTION (IF RESIDENCE, GIVE STREET ADDRESS)	D. IN CITY LIMITS?
5. MARICOPA	MESA	SOUTHSIDE DISTRICT HOSPITAL	[X] YES [ ] NO

DATE OF BIRTH MONTH DAY YEAR	AGE (YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR MOS.	DAYS	IF UNDER 1 DAY HRS.,	MIN.	MARITAL STATUS	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
6. OCTOBER 2, 1877	7A. 94	B.		C.		8. [ ] MARRIED [X] WIDOWED [ ] NEVER MAR. [ ] DIVORCED.	9.

PLACE OF BIRTH STATE OR COUNTRY	CITIZEN OF WHAT COUNTRY? SPECIFY:	SOCIAL SECURITY NO.	USUAL OCCUPATION	WAS DECEASED A VETERAN? YES OR NO	GIVE SERVICE DATES
10. ARIZONA	11. U.S.A.	12. 577-60-6031	13A. U.S. SENATOR	13B. Yes	13C. WWI

USUAL RESIDENCE A. STATE	B. COUNTY	C. TOWN OR CITY	D. ZIP CODE
14. ARIZONA	MARICOPA	TEMPE	85282

STREET ADDRESS OR R.F.D.	IN CITY LIMITS?	HOW LONG LIVED IN ARIZONA? AT PRESENT ADDRESS	IN STATE	PREVIOUS STATE OF RESIDENCE
14E. 3049 COUNTRY CLUB WAY	14F. [X] YES [ ] NO	15A. LIFE	15B. LIFE	16. NONE

FATHER'S NAME A. FIRST	B. MIDDLE	C. LAST	MOTHER'S MAIDEN NAME A. FIRST	B. MIDDLE	C. LAST
17. CHARLES	TRUMBLE	HAYDEN	18. SALLIE		DAVIS

INFORMANT'S SIGNATURE	RELATIONSHIP TO DECEASED	ADDRESS STREET NO.	CITY AND STATE	ZIP CODE
19A. HAYDEN C. HAYDEN	19B. NEPHEW	19C. 121 W. PALMCROFT	TEMPE, ARIZONA	85282

(ITEM 20) MEDICAL CAUSE OF DEATH

CODE 4123

20. MEDICAL STATEMENT OF CAUSE OF DEATH

FILL OUT CAREFULLY

ENTER IMMEDIATE CAUSE ON LINE A. OTHER PRECIPITATING CAUSES SHOULD BE GIVEN ON LINES B AND C RESPECTIVELY. LIST UNDERLYING CAUSE LAST.

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE ON EACH LINE)

		ESTIMATED TIME BETWEEN ONSET AND DEATH
A. IMMEDIATE CAUSE	Uremia Dehydration	1 mo.
DUE TO OR AS A B. CONSEQUENCE OF:	Arteriosclerotic Heart Disease	
DUE TO OR AS A C. CONSEQUENCE OF:	Complete of Arteriosclerosis	

IF DECEASED WAS ADULT FEMALE, WAS SHE PREGNANT AT DEATH OR ANY TIME IN PAST YEAR? YES, NO, UNKNOWN. 21. SPECIFY:

OTHER CONDITIONS OF SIGNIFICANT MEDICAL IMPORTANCE CONTRIBUTING TO DEATH BUT NOT DIRECTLY RELATED TO IMMEDIATE CAUSE

PART II. OTHER SIGNIFICANT CONDITIONS

AUTOPSY? 22A. [ ] YES [X] NO

IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? YES OR NO 22B. SPECIFY.

MANNER AND CIRCUMSTANCES OF DEATH (FOR DEATHS FROM EXTERNAL FACTORS)

MANNER OF DEATH 23. [ ] ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ] NATURAL CAUSES [ ] UNDETERMINED

DATE OF INJURY MO. DAY YR.	HOUR	AT WORK WHEN INJURED? YES, NO, UNK.	HOW DID INJURY OCCUR? (CIRCUMSTANCES ONLY—NOT CAUSE)
24A.	24B. M.	25.	26.

PLACE OF INJURY (HOME, STORE, FACTORY, STREET, ETC.) 27. SPECIFY:

WHERE LOCATED? STREET ADDRESS CITY AND STATE 28.

CERTIFICATIONS:

PHYSICIAN OR MEDICAL EXAMINER (LEFT SIDE) 1

CORONER (RIGHT SIDE) 2

(CROSS OUT WORDS NOT APPLICABLE)

PHYSICIAN OR MEDICAL EXAMINER

29A. I (ATTENDED) THE DECEASED (FROM): MO. Feb DAY 25 YEAR 69 TO MO. Jan DAY 25 YEAR 72

29B. AND (SAW) HIM ALIVE LAST TIME ON: MO. Jan DAY 25 YEAR 72 HOUR 10A M. I (DID NOT) VIEW BODY AFTER DEATH.

DEATH OCCURRED AT: 10:38 P.M. ON THE DATE AND AT THE PLACE LISTED ABOVE AND TO THE BEST OF MY KNOWLEDGE AND PROFESSIONAL JUDGMENT DUE TO THE CAUSES STATED.

29C. SIGNATURE T. J. Hughes M.D. TITLE

29C. (TYPE NAME HERE) T. J. Hughes, M.D.

MAIL ADDRESS 30. 2525 Rural Rd., Suite 7, Tempe, Arizona 85282

DATE SIGNED 31. 1/28/72

CORONER

FROM EXAMINATION OF THE BODY AND/OR MY INVESTIGATION, IN MY OPINION DEATH OCCURRED IN THE MANNER AND UNDER THE CIRCUMSTANCES STATED.

32A. DECEASED WAS PRONOUNCED DEAD ON: MO. DAY YEAR HOUR M. I (DID) (DID NOT) VIEW BODY AFTER DEATH.

SIGNATURE PRECINCT OR DISTRICT 33.

32B. (TYPE NAME HERE)

MAIL ADDRESS 34. DATE SIGNED 35.

FOR STATE REGISTRAR'S USE 03

SUPPLEMENTARY ENTRIES 36.

DISPOSITION AND REGISTRATION DATA 19

DISP. OF BODY—BURIAL CREMATION OR REMOVAL	DATE OF DISPOSITION	CEMETERY OR CREMATORY	EMBALMER'S SIGNATURE	CERT. NO.
37A. CREMATION	37B. 1-29-72	38. PHOENIX, ARIZONA GREENWOOD CREMATORY	39A.	39B. 4714

FUNERAL HOME NAME STREET ADDRESS CITY AND STATE	FUNERAL DIRECTOR'S SIGNATURE	CERT. NO.
40. CARR MORTUARY 26 E. 5th ST. TEMPE, ARIZONA	41.	42. 57

DATE REGISTERED	REG. FILE NO.	REGISTRAR'S SIGNATURE	REG. DISTRICT	DATE RCVD. IN STATE OFFICE
43. 1-31-72	44. 723	45. Lana Doriott, Deputy	46. 0717	47. MAR 3 1972

VS-2 REV. 12-68 20M 10-69

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